

Humana Dual Fully Integrated (HMO D-SNP) 2027 Summary of Benefits

Humana Dual Fully Integrated (HMO D-SNP) H4329-001

This is a Fully Integrated Dual Eligible (FIDE) Special Needs Plan.

Illinois

Statewide: Illinois

Our service area includes the following county/counties in Illinois: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, De Witt, DeKalb, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, Massac, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member services representative at **800-833-2364 (TTY: 711) between 8 am to 8 pm EST, seven days a week. The call is free. Please note that our automated phone system may answer your call during weekends and holidays.**

Understanding the Benefits

- ☐ The *Member Handbook* provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **Humana.com/medicare** or call **800-833-2364 (TTY: 711)** to view a copy of the *Member Handbook*.
- ☐ Review the *Provider and Pharmacy Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Provider and Pharmacy Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the *List of Covered Drugs (Drug List)* to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part A/Part B premiums may be paid for by the Illinois Medicaid.
- ☐ Benefits, premiums and/or copays/coinsurance may change on January 1, 2028.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider and Pharmacy Directory*).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. This plan may enroll Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary Plus (QMB+), Specified Low-Income Medicare Beneficiary Plus (SLMB+).

Humana Dual Fully Integrated (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Humana Dual Fully Integrated (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Humana Dual Fully Integrated (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	4
B. Frequently asked questions (FAQ)	5
C. List of covered services.....	10
D. Benefits covered outside of Humana Dual Fully Integrated (HMO D-SNP)	28
E. Services that Humana Dual Fully Integrated (HMO D-SNP), Medicare, and Medicaid do not cover	28
F. Your rights as a member of the plan.....	29
G. How to file a complaint or appeal a denied service	30
H. What to do if you suspect fraud	31

A. Disclaimers



This is a summary of health services covered by Humana Dual Fully Integrated (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Visit **Humana.com/PlanDocuments** to view a copy of the *Member Handbook* or call 800-787-3311, TTY 711.

- Humana Dual Fully Integrated (HMO D-SNP) is a Dual Eligible Special Needs Plan (HMO D-SNP) with a Medicare contract and a Medicaid contract with the Illinois Medicaid. Enrollment in this Humana plan depends on contract renewal.
- Humana Dual Fully Integrated (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2028 based on a review of Humana Dual Fully Integrated (HMO D-SNP) Model of Care.
- The Humana Healthy Options allowance is a special supplemental benefit program for members with specific chronic conditions who require intensive care coordination and are at a high risk of hospitalization or other adverse health outcomes. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. See the plan's Member Handbook for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income. Contact your local HUD office with questions.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- **For more information about Medicaid, you can check the state department of healthcare services website at hfs.illinois.gov/medicalclients.html**
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 800-787-3311, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. Someone that speaks your language can help you. This is a free service.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 800-787-3311, TTY 711, between 8 am to 8 pm, seven days a week. Please note that our automated phone system may answer your call during weekends and holidays. The call is free.
- This document is available for free in Spanish.
- We want to ensure that you receive your communications from Humana in the format that best suits your needs.



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm, seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information, visit Humana.com.**

- If you prefer to receive your written communications in an alternate format such as braille, large font, audio, or another language please contact Member Services at 800-787-3311, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays.
- Si usted prefiere recibir las comunicaciones escritas en un formato alternativo (como braille, letra grande, en audio o en otro idioma), comuníquese con Servicios para afiliados al 800-787-3311, TTY 711. Puede llamarnos los siete días de la semana, de 8 a.m. a 8 p.m. Tenga en cuenta que durante los fines de semana y días festivos su llamada podría ser respondida por nuestro sistema telefónico automático.
- Once we receive your request, all future state mandated communications will be provided in your chosen format. If we are unable to provide printed materials within your requested format, then the member will receive those communications over the phone with an interpreter.
- If a member chooses to change their standing request, members can call Member Services at 800-787-3311, TTY 711 to have their request updated.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's an Illinois FIDE SNP?	Illinois Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is Illinois' managed care programs. This program is for seniors and persons with disabilities who have full Medicaid and Medicare benefits. The Illinois FIDE SNP covers all of your Medicare, Medicare Part D, and extra benefits, in one health plan, with one member identification (ID) card. Illinois FIDE SNPs have care coordinators to help you manage all your health care and long term services and supports. If you join a FIDE SNP, you don't lose any of your Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with Medicaid and Medicare is still available, along with access to some additional services. To be eligible to enroll in a FIDE SNP in Illinois, you must be entitled to Medicare Part A, enrolled in Medicare Part B and eligible for full Medicaid benefits.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Humana Dual Fully Integrated (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Humana Dual Fully Integrated (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in Humana Dual Fully Integrated (HMO D-SNP), you and your care team will work together to develop an Individual Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Humana Dual Fully Integrated (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Humana Dual Fully Integrated (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number in the footer of this document.

Frequently Asked Questions	Answers
Can I use the doctors I use now?	That's often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Humana Dual Fully Integrated (HMO D-SNP) and have a contract with us, you can keep going to them. - Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Humana Dual Fully Integrated (HMO D-SNP)'s network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. - If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Humana Dual Fully Integrated (HMO D-SNP)'s plan network. You must use network providers to get your medical care and services. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Humana Dual Fully Integrated (HMO D-SNP) authorizes use of out-of-network providers. - You have a continuity of care period. When you first join the plan, you can continue using the providers you use now for 180 days from your eligibility date and 90 days if you're coming from another FIDE SNP plan. Please call Member Services to see if additional consideration is required. To find out if your providers are in the plan's network, call Member Services at the numbers in the footer of this document or read Humana Dual Fully Integrated (HMO D-SNP)'s <i>Provider and Pharmacy Directory</i> on the plan's website at Humana.com/PlanDocuments. If Humana Dual Fully Integrated (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What is a Humana Dual Fully Integrated (HMO D-SNP) care coordinator?	A Humana Dual Fully Integrated (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Humana Dual Fully Integrated (HMO D-SNP) provides LTSS if you're found to be eligible through the LTSS screening process. Most of these services are provided at your home or in your community, but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care team will work with that agency.

Frequently Asked Questions	Answers
What happens if I need a service but no one in Humana Dual Fully Integrated (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Humana Dual Fully Integrated (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Humana Dual Fully Integrated (HMO D-SNP) available?	The service area for this plan includes: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, De Witt, DeKalb, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, Massac, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, and Woodford Counties, Illinois. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from Humana Dual Fully Integrated (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Humana Dual Fully Integrated (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Humana Dual Fully Integrated (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Humana Dual Fully Integrated (HMO D-SNP) before the service is provided. Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers in the footer of this document for help.
Do I pay a monthly amount (also called a premium) under Humana Dual Fully Integrated (HMO D-SNP)?	No. Because you have Medicaid you won't pay any Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Humana Dual Fully Integrated (HMO D-SNP)?	No. You don't pay deductibles in Humana Dual Fully Integrated (HMO D-SNP).



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm, seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information, visit [Humana.com](https://www.humana.com).**

Frequently Asked Questions	Answers
What's the maximum out-of-pocket amount that I will pay for medical services as a member of Humana Dual Fully Integrated (HMO D-SNP)?	There's no cost-sharing for medical services in Humana Dual Fully Integrated (HMO D-SNP), so your annual out-of-pocket costs will be \$0.
Do I have to pay extra to join this plan?	You don't have to pay extra to join this plan.
How does this plan coordinate my Medicare and Medicaid benefits?	You will have a care team that you helped put together. Your care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. You will have a care coordinator. This is a person who works with you, with plan, and with your care providers to make sure you get the care you need.
Can I direct my own care?	You will be able to direct your own care with help from your care team and care coordinator. The care team and case manager will work with you to come up with a care plan specifically designed to meet your health needs. The care team will be in charge of coordinating the services you need. This means, for example: • Your care team will make sure your doctors know about all medicines you take so they can reduce any side effects. • Your care team will make sure your test results are shared with all your doctors and other providers.



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm, seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information, visit [Humana.com](https://www.humana.com).**

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued on the next page)	Inpatient hospital stay	\$0	Humana Dual Fully Integrated (HMO D-SNP) includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. You are covered for an unlimited number of medically necessary inpatient hospital days. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered inpatient hospital care services. Except in an emergency, your health care provider must tell the plan of your hospital admission. Except in an emergency, prior authorization is required.
	Outpatient hospital services, including observation	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered outpatient hospital care services. Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an outpatient. If you are not sure if you are an outpatient, you should ask the hospital staff. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued)	Ambulatory surgical center (ASC) services	\$0	If you're having surgery in a hospital facility, you should check with your Primary Care Provider (PCP) about whether you'll be an inpatient or outpatient. Unless the provider writes an order to admit you as an inpatient to the hospital, you're an outpatient and pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an outpatient. Some procedures may require prior authorization.
	Doctor or surgeon care	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers medically-necessary services you get from a network doctor or surgeon while you are in a hospital for treatment of an illness or injury. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered inpatient doctor or surgeon care services. Prior authorization may be required.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	Humana Dual Fully Integrated (HMO D-SNP)] covers medically-necessary services you get from a network doctor or surgeon for treatment of an illness or injury. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered health care provider services. Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers all preventive services covered at no cost under Original Medicare, also at no cost to you. Prior authorization may be required for certain preventive screenings.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Wellness visits, such as a physical	\$0	If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months. Your first annual wellness visit can't take place within 12 months of your <i>Welcome to Medicare</i> preventive visit. However, you do not need to have had a <i>Welcome to Medicare</i> visit to be covered for annual wellness visits after you've had Part B for 12 months.
	"Welcome to Medicare" (preventive visit one time only)	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers the one-time <i>Welcome to Medicare</i> preventive visit. The visit includes a review of your health, as well as education and counseling about preventive services you need (including certain screenings and shots), and referrals for other care if needed. Important: We cover the <i>Welcome to Medicare</i> preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor's office know you would like to schedule your <i>Welcome to Medicare</i> preventive visit.
	Specialist care	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers medically-necessary services you get from a network specialist for treatment of an illness or injury. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered specialists care services. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Emergency care is covered in the United States and its territories. You are covered for emergency care world-wide under your Humana Dual Fully Integrated (HMO D-SNP). If you have an emergency outside of the U.S. and its territories, you will be responsible to pay for the services rendered upfront. You must submit proof of payment to Humana for reimbursement. For more information please see Chapter 7 of the <i>Member Handbook</i>. We may not reimburse you for all out of pocket expenses. This is because our contracted rates may be lower than provider rates outside of the U.S. and its territories. You are responsible for any costs exceeding our contracted rates as well as any applicable member cost share.
	Urgent care	\$0	Urgently needed services aren't emergency care. You don't need prior authorization and the urgent care center doesn't have to be in-network.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers medically necessary diagnostic radiology services you get from a network provider for treatment of an illness or injury. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered diagnostic radiology services. Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers medically-necessary lab tests and diagnostic procedures you get from a network provider for treatment of an illness or injury. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered lab test and diagnostic procedure services. Prior authorization may be required.
	Screening tests, such as tests to check for cancer.	\$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. Prior authorization may be required.
	Hearing aids	\$0	\$0 copayment for basic and advanced hearing tests covered when medically necessary. \$0 copayment for evaluation of auditory rehabilitation status related to cochlear implantation covered when medically necessary. \$0 copayment for hearing aid-related testing and evaluation, hearing aid counseling, hearing aid fitting covered when medically necessary. \$0 copayment for hearing aid accessories covered when medically necessary. \$0 copayment for hearing aid repairs and modifications covered when medically necessary. \$0 copayment for non-disposable earmolds up to 2 per year. \$0 copayment for hearing aid batteries up to 16 every 60 days. \$0 copayment for Assistive Listening Devices (ALDs) covered when medically necessary. \$2000 maximum benefit coverage amount for both OTC hearing aids or prescription hearing aids (all types) up to 2 per year.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	• Diagnostic • Preventive • Restorative • Endodontics • Periodontics • Prosthodontics • Oral and Maxillofacial Surgery • Adjunctive General Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	\$0	Your benefit can be used for most dental treatments such as: • Preventive dental services, such as exams, routine cleanings, etc. • Basic dental services, such as fillings, extractions, etc. • Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc. • Frequency limitations may apply. Note: This benefit cannot be used on cosmetic services. The Mandatory Supplemental Dental benefits are provided through the DentaQuest Network. The provider locator can be found at DentaQuest.com. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for limitations, exclusions, and disclaimers related to this benefit. Prior authorization may be required.
You need eye care (continued on the next page)	Eye exams	\$0	Routine eye exam: one per year and as medically necessary.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Glasses or contact lenses	\$0	<u>Medicare Supplement Benefit</u> \$0 copayment for routine exam up to one per year and as medically necessary. \$0 copayment for medically necessary contact lenses up to 1 per year for certain conditions. \$200 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. \$0 copayment for low vision exam up to 1 every 2 years. \$1,000 maximum benefit coverage amount 1 every 2 years for low vision aid. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for limitations, exclusions, and disclaimers related to this benefit.
	Other vision care	\$0	Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare does not cover routine eye exams (eye refractions) for eyeglasses/contacts.
You need behavioral health services (continued on the next page)	Behavioral health services	\$0	Humana Dual Fully Integrated (HMO D-SNP) provides coverage for a full range of inpatient and outpatient behavioral health services, including substance use disorder services. This includes services covered by Illinois Medicaid. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered Behavioral Health Services. Certain telehealth behavioral health specialty services may be covered under physician/practitioner services. Prior authorization may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued)	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Humana Dual Fully Integrated (HMO D-SNP) provides coverage for inpatient and outpatient health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. This includes services covered by Illinois Medicaid. Prior authorization rules may apply.
You need substance use disorder services	Substance use disorder services	\$0	Humana Dual Fully Integrated (HMO D-SNP) includes inpatient and outpatient substance use disorder services as well as Opioid treatment program services (OYD). This includes services covered by Illinois Medicaid. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered substance use disorder services. Prior authorization requirements may apply for your Humana Dual Fully Integrated (HMO D-SNP) benefits.
You need a place to live with people available to help you	Skilled nursing care	\$0	Humana Dual Fully Integrated (HMO D-SNP) provides coverage for skilled and intermediate nursing facility care. You are covered for up to 100 medically necessary days per benefit period. Prior hospital stay is not required. A new benefit period will begin on day one when you first enroll in a Medicare Advantage plan, or when you have been discharged from skilled care in a skilled nursing facility for 60 consecutive days. Prior authorization rules may apply.
	Nursing home care	\$0	Prior authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued on the next page)	Ambulance services	\$0	Humana Dual Fully Integrated (HMO D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services are not for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered ambulance services. Ambulance services for emergencies do not require prior authorization. Prior authorization is required for ambulance services in non-emergency situations.
	Emergency transportation	\$0	Humana Dual Fully Integrated (HMO D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services are not for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered ambulance services. In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued)	Transportation to medical appointments and services (Illinois Medicaid Covered)	\$0	Free transportation is available for members who need to fill a prescription or get medical supplies, equipment, or other pharmacy-related items after a doctor's visit. To set up this type of transportation, call Customer Care at 800-787-3311 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m., Central time. Your plan also covers non-emergency medical transportation. If you need a ride to a healthcare appointment that is not an emergency, call 855-253-6867 (TTY: 711), Monday – Friday 8 a.m. – 8 p.m. Central time. For emergency transportation, call 911.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	**Tiers 1–2: Generic and brand drugs have a \$0 copay. Tiers 3–5: Generic drugs, or brand drugs treated like generics, have a \$0, \$1.65, or \$5.80 copay. Brand drugs have a \$0, \$5, or \$14.40 copay Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Humana Dual Fully Integrated (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,400 , you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. You can get up to 100-day supply* of most of your drugs through network retail and mail-order pharmacies. *Some drugs are limited to a 30-day supply. **The drug costs shown are for members who qualify for Medicare's Extra Help program. If you no longer receive Extra Help, you may pay more for your prescriptions. You will receive a letter with your new drug costs.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Humana Dual Fully Integrated (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. This plan does cover certain OTC benefits under the Healthy Options Allowance (see Healthy Options section in Additional services).
You need help getting better or have special health needs (continued on next page)	Rehabilitation services	\$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Medical equipment for home care	\$0	Humana Dual Fully Integrated (HMO D-SNP) covered items include, but are not limited to, wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers. We cover all medically necessary DME covered by Original Medicare. If our supplier in your area does not carry a particular brand or manufacturer, you can ask them if they can special order it for you. The most recent list of suppliers is available on our website Humana.com/findadoctor. Prior authorization rules may apply.
	Dialysis services	\$0	Certain drugs for dialysis are covered under your Medicare Part B drug benefit. For information about coverage for Part B Drugs, please go to the section, Medicare Part B drugs. Covered services include: • Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in Chapter 3 of the <i>Member Handbook</i>, or when your provider for this service is temporarily unavailable or inaccessible) • Inpatient dialysis treatments (if you're admitted as an inpatient to a hospital for special care) • Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) • Home dialysis equipment and supplies • Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) Prior authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Personal Care Attendant Services (Illinois Medicaid Covered)	\$0	Up to 20 hours of personal care attendant services per year, with a minimum of 4 hours per visit for members 21 and older with a functional need, who take part in a Care Management program and are not covered by a home and community based services waiver program.
You need foot care	Podiatry services	\$0	Covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs Prior authorization rules may apply.
	Orthotic services	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers Orthotics (other than dental) that replace all or part of a body part or function. These include but are not limited to testing, fitting, or training in the use of prosthetic and orthotic devices; as well as colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic and orthotic devices, and repair and/or replacement of prosthetic and orthotic devices. Also includes some coverage following cataract removal or cataract surgery – go to Vision Care in the <i>Member Handbook</i> for more detail. Prior authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Humana Dual Fully Integrated (HMO D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. We cover all medically necessary DME covered by Original Medicare. If our supplier in your area does not carry a particular brand or manufacturer, you can ask them if they can special order it for you. The most recent list of suppliers is available on our website Humana.com/findadoctor . Prior authorization rules may apply.
	Nebulizers	\$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply.
You need help living at home (continued on the next page)	Home health services	\$0	Prior authorization rules may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home modifications may be covered by Humana Dual Fully Integrated (HMO D-SNP). Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more. Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Humana Dual Fully Integrated (HMO D-SNP) provides these services if you are found to be eligible through the LTSS screening process. Speak with your care team to learn more. Prior authorization requirements may apply.
	Meals brought to your home	\$0	Speak with your care team to learn more. Prior authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Day habilitation services	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
Additional services (continued on the next page)	Chiropractic services, only manual manipulation of the spine consistent with Medicare coverage guidelines	\$0	Other services performed by a chiropractor are not covered. Prior authorization rules may apply.
	Diabetes supplies and services	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers diabetes self-management training, diabetic services, and supplies for all people who have diabetes (insulin and non-insulin users). See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered diabetes supplies and services. Quantity limits may apply. Prior authorizations rules may apply.
	Smartphone (Illinois Medicaid Covered)	\$0	1 free smartphone with monthly talk, text, and data per household for members 21 and older who qualify for the Federal Lifeline Program.
	Prosthetic services	\$0	Quantity limits may apply. Prior authorizations rules may apply.
	Assisted Living or other housing services	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Respite Care	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Radiation therapy	\$0	Humana Dual Fully Integrated (HMO D-SNP) covers radiation (radium and isotope) therapy including technician materials and supplies services. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> for covered radiation therapy services. Prior authorization rules may apply.
	Services to help manage your disease	\$0	Prior authorization rules may apply.
	Non-Medical Transportation (NMT) (Illinois Medicaid Covered)	\$0	15 round trips or 30 one-way non-medical transportation trips, up to 30 miles per trip, per year.
	Acupuncture	\$0	Medicare covers acupuncture for chronic low back pain visits up to 20 visit(s) per year. Prior Authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	*Humana Healthy Options Allowance®	\$0	There is no coinsurance, copayment, or deductible to participate. \$265 monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over the counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more, if they have certain qualifying chronic condition(s) and meet other program criteria. Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first. • Allowance is available to use at the beginning of every month. • Limitations and restrictions may apply. *This spending allowance is a special supplemental benefit program for members with specific chronic conditions who require intensive care coordination and are at a high risk of hospitalization or other adverse health outcomes. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. See the plan's <i>Member Handbook</i> for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income. Contact your local HUD office if you have questions.
	Rewards and Incentives Go365 by Humana®	\$0	Complete eligible healthy activities, like preventive screenings and exams, and get rewarded with Go365 Advanced - Integrated.
	SilverSneakers® fitness program	\$0	Basic fitness center membership including in person and digital fitness classes.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Chronic Condition Care Assistance	\$0	If you are in a care management program and have already used all the help from your health plan and your community, you may be able to get extra help called Chronic Condition Care Assistance. You and your care manager will work together to decide how to use up to \$500 each year to help you meet your health care goals based on what the program allows. This help might include: • Paying part of your health care costs, like copays • Paying for bills, such as phones, internet, water, gas, or electricity • Helping with your rent or mortgage payment • Getting some safety items for your home or bathroom, like grab bars or shower chairs • Getting approved over-the-counter items You can ask your care manager for the full list of what help is available. The companies chosen by the plan will help pay for or send you these items and services. Please remember, if things are lost or stolen, Humana and these companies are not responsible. You cannot return items or get your money back. The plan does not promise when your bill payments will arrive, and it is not responsible if your bill payment(s) are late. If you use this benefit, you agree to take any risks that come with using other companies for payments. If you do not use your full allowance before your plan ends, you will lose it. For a list of rules and things not covered, visit: https://www.humana.com/member/chronic-condition-care-assistance-exclusion-list This Chronic Condition Care Assistance is a program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's <i>Member Handbook</i> for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Smoking Cessation Coaching	\$0	Prior authorization rules may apply.
	Uniform Flexibility Virtual Cardiac Recovery Program	\$0	Virtual cardiac recovery program delivered via telehealth, with up to 36 covered sessions to support recovery and reduce the risk of hospital readmission. Coverage is available Post-Inpatient stay for members with Congestive heart Failure (CHF), Hypertension, Pneumonia or Respiratory Illness

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read Humana Dual Fully Integrated (HMO D-SNP) the *Member Handbook*. If you do not have a *Member Handbook*, call Humana Dual Fully Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit **Humana.com**.

D. Benefits covered outside of Humana Dual Fully Integrated (HMO D-SNP)

There are some services that you can get that aren't covered by Humana Dual Fully Integrated (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about these services.

Other services covered directly by Medicare or Medicaid or a State Agency	Your costs
Certain hospice care services covered outside of Humana Dual Fully Integrated (HMO D-SNP).	\$0
Certain Medicaid non-emergency ambulance transportation	Covered in the Illinois fee-for-services program \$0.

E. Services that Humana Dual Fully Integrated (HMO D-SNP), Medicare, and Medicaid do not cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services Humana Dual Fully Integrated (HMO D-SNP), Medicare, and Medicaid do not cover	
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Full-time nursing care in your home.

Services Humana Dual Fully Integrated (HMO D-SNP), Medicare, and Medicaid do not cover

Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare approved clinical research study or by our plan. Experimental treatment and items are those that aren't generally accepted by the medical community.	Naturopath services (the use of natural or alternative treatments).
Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Services considered not "reasonable and necessary," according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital, except when it's medically necessary.	Private duty nurses.
Surgical treatment for morbid obesity, except when it's medically necessary and Medicare pays for it.	Radial keratotomy and LASIK surgery.

F. Your rights as a member of the plan

As a member of Humana Dual Fully Integrated (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered

- Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Humana Dual Fully Integrated (HMO D-SNP) will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
 - **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
 - **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private.
 - Have privacy during treatment
 - **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - File a complaint with State of Illinois Fraud Hotline at 1-844-453-7283. You can call the number for free, 24 hours a day, seven (7) days a week. The Illinois website hfs.illinois.gov/oig/reportfraud has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Appeal certain decisions made by Illinois Medicaid or Humana Dual Fully Integrated (HMO D-SNP)
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Humana Dual Fully Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document.

You can also call the Illinois Home Care Ombudsman Program for assistance. An "ombudsman" is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at 1-800-252-8966 (TTY users call 1-888-206- 1327).

G. How to file a complaint or appeal a denied service

If you have a complaint or think Humana Dual Fully Integrated (HMO D-SNP) should cover something we denied, call Member Services at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also

call Humana Dual Fully Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document.

For complaints, grievances, appeals, as well as the complaint process, please contact us using the information below:

By Mail at:
Humana Grievance & Appeals
PO Box 14163
Lexington, KY 40512-4163

By Phone at:
800-787-3311 (TTY:711)

How to file a complaint or appeal a denied service:

If Humana Dual Fully Integrated (HMO D-SNP) denies an appeal for a Medicare or Medicaid covered services, we will automatically forward the appeal to the Independent Review Entity (IRE) for review. If the IRE denies the appeal, you can request a hearing with an Administrative Law Judge (ALJ) for Medicare benefits, or you can request a Medicaid State Fair Hearing for Medicaid covered benefits. You can submit a request for a State Fair Hearing to Illinois Medicaid within 120 calendar days from the date on Humana's notice of adverse appeal determination letter.

If the ALJ denies an appeal request for Medicare covered services, then you can request review by the Departmental Appeals Board. Any further review of Medicare covered services would be requested to the federal court. If the State Fair Hearing Officer denies an appeal request for Medicaid covered services, then you can request review through the court system.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Humana Dual Fully Integrated (HMO D-SNP) Member Services. Phone numbers are in the footer of this document.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- If you suspect a Medicaid provider (e.g., doctor, hospital, nursing home, personal assistant) or a Managed Care Organization, Illinois Health Connect, First Transit, or DentaQuest of committing fraud, please call 1-844-ILFRAUD/1-844-453-7283.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

GHHNDN2026HUM_0526

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ነፃ ቋንቋ፣ አጋዥ ማዳረጃና፣ እና አማራጭ ቅርፅ ያላቸው አገልግሎቶችም ይገኛሉ። በ

877-320-1235 (TTY: 711) ላይ ይደውሉ።

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتتسيق البديل مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք **877-320-1235 (TTY՝ 711)** հեռախոսահամարով:

Bàsà [Bassa]: Wuḍu-xwíniín-mú-zà-zà kùà, hwòdǒ-fónó-nyò,, kè nyo-bǒ-po-kà bě bě wa nyuésé wíqí péré-pérédò kò. **877-320-1235 (TTY: 711)**.

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòm sèvis ki disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits d'assistance linguistique, d'aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: મફત ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिंदी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY:711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

GHHNOA2026HUM_0526

This notice is available at <https://www.humana.com/legal/multi-language-support>.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Humana Dual Fully Integrated (HMO D-SNP) Member services:

800-787-3311

Calls to this number are free between 8 am to 8 pm, seven days a week. Oct. 1 – March 31 and Monday – Friday, April 1 – Sept. 30.

Member services also has free language interpreter services available for non-English speakers.

TTY, call 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. Hours of operation are between 8 am to 10pm, seven days a week, Oct. 1 – March 31 and Monday – Friday, April 1 – Sept. 30.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed. If your PCP's office is closed, you can also call 24-Hour Clinical Triage Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the 24-Hour Clinical Triage Line is:

833-200-9490

Calls to this number are free. 24 hours per day, 7 days per week.

Humana Dual Fully Integrated (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711

Calls to this number are free. 24 hours per day, 7 days per week.

If you need immediate behavioral health care, please call the 24-Hour Clinical Triage Line:

833-200-9490

Calls to this number are free. 24 hours per day, 7 days per week.

Humana Dual Fully Integrated (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711

Calls to this number are free. 24 hours per day, 7 days per week.